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## BIB DATA SHEET

CONFIRMATION NO. 4352

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/003,463	12/06/2001 RULE	424	1642	3035-102

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

CUBA CU 285/2000 12/06/2000  
 CUBA CU 166/2001 07/13/2001

/LBG/

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***

01/02/2002

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>/LAURA B GODDARD/ Examiner's Signature</i>		<input type="checkbox"/> Met after Allowance <i>Initials</i>	CUBA	5	21	1

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**TITLE**

Preparations that potentiate immunogenicity in low immunogenic antigens

<b>FILING FEE RECEIVED</b> 444	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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